

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2162

State File No. ....

BIRTH NO. .... REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Howesmill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Haskel</u>		b. (Middle) <u>Augustine</u>		c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/20 / 51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>6/13/16</u>		9. AGE (In years last birthday) <u>34</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Howesmill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>George W. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Cottrell</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>not known</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George W. Martin, Howesmill, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>13 hours</u> <u>9:08 234</u> <u>30</u>	
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19a. DATE OF OPERATION <u>Jan 20 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Scalp laceration</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pulaski, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/20 / 51 3:40am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident 20K</u>	

22. I hereby certify that I attended the deceased from 4:00 am 1/20/51 to 3:40pm 1/20/51, that I last saw the deceased alive on 1/20, 1951, and that death occurred at 3:45p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Missum, M.D.</u>		23b. ADDRESS <u>Waynesville, Mo.</u>		23c. DATE SIGNED <u>1/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/20/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boss Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Johnson</u>		24f. ADDRESS <u>Salem Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-30-51</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckner</u>		389	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1951

RECEIVED /-30-5/  
Pulaski County Health Officer  
File Number  
Date Filed /-30-5/

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 370

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.